



Grades 7 - 12
 Log
 200 Minutes Weekly
 Name _____

Physical Education

Week/Date: Activity	Number of Steps/Minutes
Mon	
Tue	
Wed	
Thur	
Fri	
Sat	
Sun	
Yes, I have met the P.E. requirements for the week.	Total Time
Student Signature:	
Parent Signature:	
Teacher Signature:	

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Tue	
Wed	
Thur	
Fri	
Sat	
Sun	
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